

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38083

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 376	
1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>MOBERLY</u>		c. LENGTH OF STAY (In this place) <u>4 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - JACKSON</u>		0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MCCORMICK HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>4 MI. S.E. OF PARIS, MO.</u>			
3. NAME OF DECEASED (Type or Print) <u>ELMER H. DILL</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>NOV. 7 1950</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>SEPT. 2, 1878</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>ILL.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MAGGIE DILL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): <u>NO.</u>		16. SOCIAL SECURITY NO. <u>495-14-1241</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jewell Dill</u>		ADDRESS <u>R.F.D. #3 PARIS, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma Colon</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓ 53x</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/3</u> , 19 <u>50</u> , to <u>NOV. 7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>NOV. 7</u> , 19 <u>50</u> , and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. J. Jolly</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>203 1/2 Melark Mobley</u>		23c. DATE SIGNED <u>11/7/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CEDAR GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>3 MI. S. OF PARIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 10-50</u>		REGISTRAR'S SIGNATURE <u>Charles Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed + Blakey Paris, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: NOV 20 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-512-1
Date Filed: NOV 22 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4000

P. O. Address PARIS, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.